

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/517981

FILING DATE

APPLICANT(S)

12/29/05 7/14/05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/		51						
2				/		/	52						
3				/		/	53						
4				/		/	54						
5			/		/		55						
6				/		/	56						
7							57						
8							58						
9			/		/		59						
10							60						
11			/		/		61						
12				/		/	62						
13				/		/	63						
14				/		/	64						
15							65						
16							66						
17							67						
18							68						
19							69						
20			/		/		70						
21							71						
22			/		/		72						
23				/		/	73						
24							74						
25			/		/		75						
26				/		/	76						
27				/		/	77						
28				/		/	78						
29				/		/	79						
30			/		/		80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			4				TOTAL IND.						
TOTAL DEP.			16				TOTAL DEP.						
TOTAL CLAIMS			20				TOTAL CLAIMS						